

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-675)

SERIAL NO.
10/088265

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	1		1			
TOTAL DER.	29		29			
TOTAL CLAIMS	30		30			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS